



PENDING VERIFICATIONS FOR APPLICANTS/RECIPIENTS

State Form 42940 (R6 / 1-01) FI 2032

Case name	
Case number	Caseworker
YOUR DEADLINE FOR SUBMITTING THIS INFORMATION IS: _____ Month, day, year	

Each box checked below indicates information which is needed to determine your eligibility for Temporary Assistance to Needy Families (TANF), Medicaid / Hoosier Healthwise and Food Stamps. If you do not have the exact papers listed below, you may bring in others that provide the same information. You must submit the requested papers by the above deadline or your benefits will be denied or discontinued. If you have questions contact:

_____ at _____

☐ **Age, Citizenship, Immigration Status**

Birth Certificate, Immigration and Naturalization Service records, baptismal, medical and school records, military records, court records

☐ **Social Security Numbers**

Social Security card, proof of application for Social Security card, Social Security or SSI benefit letter, W-2 form

☐ **Residence / Shelter / Utility Expense**

Lease, rent receipts, mortgage payment book, statement from landlord, utility bills

☐ **Relationship / Identity**

Birth certificates, baptismal, medical and school records, driver's license, picture ID, military records, court records

☐ **Bank Accounts / Financial Holdings**

Bank statements, records of stocks, bonds, annuities, trust funds, any other assets

☐ **Vehicles**

Vehicle registration, title, statement of value from car dealership

☐ **Real Property / Life Interest**

Deed, mortgage, land contract

☐ **Life Insurance**

Insurance policies, statements, payment books, identification cards

☐ **Release of Information**

Signature on attached forms

☐ **Other** _____

☐ **Unearned Income**

Letter of entitlement, claim numbers, county clerk records, statement from payor

☐ **Lump Sum Income**

Letter of entitlement, claim numbers, County Clerk records, statement from payor

☐ **Earned Income**

Pay stubs, employer's statement of earnings, self-employment records, receipts of income and business expenses

☐ **Dependent Care Expense**

Signed statement from caregiver, receipts of payments made

☐ **Support Payments**

County Clerk records, copies of checks, statements from person paying support

☐ **Third Party Medical Resources**

Insurance policies, statements, payment books, identification cards, statement from employer

☐ **Documentation of Disability / Pregnancy / Medical Condition**

Statement signed by physician, medical records

☐ **Immunization Records** _____

☐ **Other** _____

☐ **Other** _____

Signature of applicant / recipient	Today's date (month, day, year)
Signature of caseworker	Date signed (month, day, year)